



HAWAII STATE ETHICS COMMISSION
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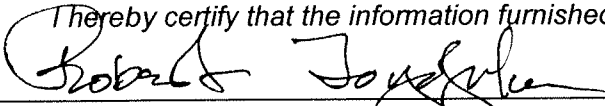
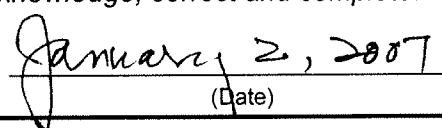
LOBBYIST REGISTRATION FORM

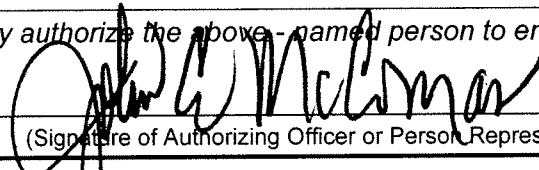
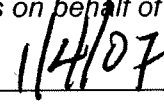
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., # 902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			same
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
AlohaCare		973-1650
MAILING ADDRESS (Street)		FAX
1357 Kapiolani Blvd., # 1250		973-2625
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John McComas		973-1650
MAILING ADDRESS (Street)		FAX
1357 Kapiolani Blvd., # 1250		973-2625
(City)	(State)	(Zip Code)
Honolulu	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John McComas	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
AlohaCare	973-1650	
MAILING ADDRESS (Street)	FAX	
1357 Kapiolani Blvd., # 1250	973-2625	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
		
(Signature of Authorizing Officer or Person Represented)		(Date)